

Staple Issue Slip Here

*Entire and  
Provision*

POSITION		ID NO.	DATE
CLASSIFIER		2	11/30/96
EXAMINER		540	11-10-96
TYPIST		891	12-20
VERIFIER	2094		
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

# INDEX OF CLAIMS

Claim	Date
Final	
Original	
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Claim	Date
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SYMBOLS  
 ✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) ..... Canceled  
 W ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected